



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

TARRANT COUNTY INFECTIOUS DISEASE ASSOC.

Respondent Name

TRAVELERS PROPERTY CASUALTY CO

MFDR Tracking Number

M4-18-0850-01

Carrier's Austin Representative

Box Number 05

MFDR Date Received

NOVEMBER 29, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Please reprocess this claim for payment. The claim was originally filed to BCBS on 02/01/2016, well within the filing deadline. We were notified by the patient of the correct insurance. Please reprocess this claim for correct payment."

Amount in Dispute: \$2,656.78

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The provider has waived the right to reimbursement under Rule 133.307 as they did not file their Request for Medical Fee Dispute Resolution with the Division within one year of the date of service as required by Rule 133.307(c)(1)."

Response Submitted by: Travelers

SUMMARY OF FINDINGS

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|--|-------------------------------------|-------------------|------------|
| January 23, 2016 to January 24, 2016 | CPT Codes 99233, G8427 (x2), 99232 | \$407.18 | \$0.00 |
| January 26, 2016 to January 27, 2016 | CPT Codes G8427 (X2) and 99232 (x2) | \$360.00 | \$0.00 |
| January 28, 2016 | CPT Codes G8427 and 99232 | \$180.00 | \$0.00 |
| January 29, 2016 | CPT Codes G8427 and 99232 | \$180.00 | \$0.00 |
| January 30, 2016 | CPT Codes G8427 and 99232 | \$180.00 | \$0.00 |
| January 31, 2016 | CPT Codes G8427 and 99232 | \$180.00 | \$0.00 |
| February 1, 2016 to February 3, 2016 | CPT Codes G8427 (X3) and 99232 (X3) | \$540.00 | \$0.00 |

| | | | |
|-------------------|---------------------------|------------|--------|
| February 11, 2016 | CPT Codes G8427 and 99232 | \$180.00 | \$0.00 |
| March 22, 2016 | CPT Codes 99214 and G8427 | \$224.80 | \$0.00 |
| July 5, 2016 | CPT Codes 99214 and G8427 | \$224.80 | \$0.00 |
| TOTAL | | \$2,656.78 | \$0.00 |

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. Neither party to the dispute submitted a copy of any explanation of benefits to support the issue in dispute.

Issue

Did the requestor waive the right to medical fee dispute resolution?

Findings

28 Texas Administrative Code §133.307(c)(1) states: "Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute." The dates of service in dispute are January 23, 2016 through July 5, 2016. The request for medical dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) section on November 29, 2017. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307(c)(1)(B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

The Division finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute, as addressed in 28 Texas Administrative Code §133.307(c)(1) and (c)(1)(A). For that reason, the merits of the issues raised by the parties to this dispute have not been addressed.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services in dispute.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

12/20/2017

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.